

Unlimitedcare Limited

# Belvedere Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

We undertook an unannounced focused inspection of Belvedere Care Home on 25 May 2018. This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection of 27 March 2018. The team inspected the service against four of the five questions we ask about services: is the service well led, safe, effective and responsive. This is because the service was not meeting some legal requirements.

No risks, concerns or significant improvement were identified in the remaining Key Question through our ongoing monitoring or during our inspection activity so we did not inspect it. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection.

Belvedere Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Belvedere Care Home accommodates up to 38 people. On the day of our inspection there were 28 people using the service with varying levels of needs; some people were living with dementia.

The service had a registered manager in place, who was also the provider. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

We met with the provider on the 15 May 2018, to discuss the significant concerns that had been raised following our inspection on 25 May 2018. During this meeting, the provider assured us and provided evidence to demonstrate that immediate action was taken to address some of the issues after our inspection. They discussed with us the improvements they felt had been made.

During this focused inspection, we found some improvements had been made and action taken to address significant concerns from our last inspection. However, there remained a continuing breach of regulations as quality assurance systems, such as audits, and monitoring of the service were not effective.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals are concluded.

We saw some audit forms had been put in place, although not all of them had been commenced. In order for improvements robust auditing systems need to be in place and embedded into daily routines.

Risk assessments had been put in place since our last inspection. Risks associated with the environment had been assessed and control measures identified. Those people with health associated risks such as falls or choking had also been assessed and risk management plans put in place. These improvements would

need time to become embedded into daily routines and time to assess if these improvements could be sustained.

Equipment within the service, such as gas boilers which were unsafe, had been replaced with new. Moving and handling equipment within the home had been service and deemed as safe to use. Regular checks of equipment need to be maintained to ensure it remains safe to use.

Whilst only two people had been employed since our last inspection, we saw the recruitment process for these people was safe. Robust recruitment processes and systems need to be maintained to ensure any prospective employee is deemed safe to work with vulnerable people.

During our tour of the building, we noted new carpets had been fitted in both some communal areas and some bedrooms. The decoration of one bedroom had also been undertaken since there had been a water leak.

The registered manager showed us the new training matrix they had in place. We saw 12 staff had undertaken moving and handling training since our last inspection, although further courses needed to be completed.

The deputy manager had commenced new care plans and other care plans had been reviewed and updated. These were detailed and directive for staff; however, there was no evidence to demonstrate these were person centred or that the person had been involved in the development or review of these.

During our inspection, we saw some activities being undertaken and an entertainer/singer had attended for a few hours. However, activities still lacked structure on a daily basis to prevent people from becoming bored.

Staff and service user meetings had been commenced.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

We looked at five care records and saw risk assessments had been created/updated and/or reviewed to ensure these people were safe.

Three gas boilers had been replaced and a fourth had been serviced since our last inspection. We saw certificates were in place to confirm these were fit for purpose and safe.

Two people had been recruited since our last inspection. We found safe recruitment processes had been followed by the registered manager.

Whilst action had been taken to address serious concerns we had raised during our last inspection; these improvements need embedding into daily routines. The service also needs to sustain these improvements to ensure people remain safe.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

The registered manager had implemented a new training matrix and courses had been identified for all staff. 12 staff had attended moving and handling training since our last inspection, however more training needed to be completed.

Supervisions and appraisals had commenced with staff members, although not every staff member was up to date with these at the time of our inspection.

The new cook had discussed menu options with people who used the service and had tailored a new menu to meet people's wishes.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

We saw that new care plans were in the process of being

**Requires Improvement** ●

developed and this process was almost complete. The new care plans were detailed and directive for staff, however there was no evidence these were person centred.

Whilst we saw activities being undertaken on the day of our inspection, these were still not structured to ensure people were stimulated on a daily basis.

### **Is the service well-led?**

The service was not always well-led.

We saw some audits had been developed since our last inspection, although some had not yet been completed. New audits were not always sufficiently robust.

Meetings for people who used the service and staff had been conducted since our last inspection.

Whilst some improvements had been made to reduce the significant concerns we had at our last inspection, further improvements were required at the service.

**Requires Improvement** ●

# Belvedere Care Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 25 May 2018 and was unannounced. The inspection team consisted of one adult social care inspector and one adult social care inspection manager.

We had not requested a Provider Information Return (PIR) as this inspection was focussed and the provider had already given us information to suggest they had made improvements since our last inspection. A PIR is information we require providers to send us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we used a number of different methods to help us understand the experiences of people who lived in the home. We carried out observations in the public areas of the service.

We spoke with the registered manager, deputy manager, cook, a carer and a senior carer.

We also looked at a sample of records including five people's care plans and other associated documentation, two staff recruitment and induction records, staff rotas, training and supervision records, minutes from meetings and quality assurance audits.

# Is the service safe?

## Our findings

During our inspection of 27 March 2018, we found a breach of Regulation 12 (1) and (2)(a) and (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider had failed to ensure that appropriate risk assessments were in place. We had a meeting with the provider on 15 May 2018 when they told us they had made improvements to risk assessments since our last inspection.

We looked at what risk assessments had been put in place since our visit and found that an environmental risk assessment had been completed on 16 May 2018. This identified risks in communal areas, the kitchen and all bedrooms. We found all risks had been identified and control measures were in place to reduce any risks.

We looked at what consideration the registered manager had made about risks that people presented with. We looked at one person's care records and found their falls risk assessment had been updated on 24 May 2018 to reflect current risks and this had been reviewed. Another person's care file showed they also had a falls risk assessment in place. This showed the person was at high risk and a management plan had been developed from this to show how to manage these risks.

Improvements had been made to risk assessments in place within the service to ensure people were safe. However, these improvements need time to become embedded within daily routines and practices and sustained.

During our inspection of 27 March 2018, we found a breach of Regulation 12 (1) and (2)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the service provider had failed to ensure that equipment in use at the home was safe to use for their intended purpose. This included gas boilers, moving and handling equipment such as hoists and hot water temperatures.

After our inspection, the registered manager kept us updated with the progress they were making in relation to the replacement/servicing of the home's four gas boilers to ensure people were safe. During this inspection, we found three new gas boilers had been installed and the fourth boiler had been serviced. We saw all this work had been certified as safe.

Records we looked at showed that all moving and handling equipment had been serviced by an external contractor on the 26 April 2018 and all equipment was deemed safe to use. It is important the provider maintains these checks on an annual basis to ensure that all moving and handling equipment within the service is safe to use.

We looked at the hot water temperature check records. These had been completed since the installation of new gas boilers; however, some records showed that hot water temperatures were as high as 57 degrees. Hot water outlets should not exceed 43 degrees centigrade to prevent scalds. Records in place did not show the action to be taken if a hot water source was found to be above 43 degrees. We discussed this with the registered manager who stated the high recording may have been due to the installation of new gas boilers

but they would ensure action was taken.

During our inspection of 27 March 2018, we found a breach of Regulation 19 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the service provider had failed to operate a robust recruitment process. During our meeting of 15 May 2018, the registered manager told us they had made improvements in relation to the recruitment of new staff members.

Since our last inspection, we saw the registered manager had recruited a new deputy manager and a cook. We looked at the records relating to their recruitment and found they had completed an application form where any gaps in employment could be checked. An enhanced disclosure and barring check (DBS) had been undertaken prior to the person commencing employment and appropriate references had been obtained. Whilst we saw an improvement in the recruitment of these members of staff, this standard needs embedding in all aspects of recruitment and needs to be sustained to keep people safe.

During our inspection of 27 March 2018, we found a breach of Regulation 18 (1) and (2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the service provider had failed to provide sufficient numbers of suitably qualified, competent and skilled staff.

Since our last inspection, the registered manager told us they had employed a deputy manager, the new cook had started their employment and they had appointed a cleaner who was due to commence employment on 10 June 2018. The registered manager also told us they were advertising for a maintenance person.

There were five people on duty on the day of the inspection. We noted a calm and relaxed atmosphere and noted there were staff members available in communal areas should people require assistance. Staff did not appear rushed and we observed they were sitting with people, chatting to them.

We spoke with the registered manager regarding the induction of new staff members during this inspection; they told us it was now their policy to no longer employ people without a minimum of a Diploma level two in Health and Social Care. The registered manager also showed us an induction form (developed for them by an external company) they had access to but had not used previously for inducting new staff. We found this was robust and should provide a good foundation for new staff members commencing with the service. The deputy manager told us they felt the two-day induction they had received was adequate for their needs.

Whilst improvements had been made in relation to staffing levels and induction, these improvements need to be maintained and embedded to ensure they remain adequate to meet the needs of people who use the service.

We saw the carpets in a number of communal areas had been replaced as they were previously badly stained. We were also shown bedrooms where some carpets had either been replaced with new carpets or vinyl flooring and one bedroom where there had been a leak had been redecorated. The re-decoration and modernisation of the service should be an on-going process managed by the service provider.

The management of medicines was also considered during this inspection. We found all processes and systems were effective and people received their medicines as directed.

## Is the service effective?

### Our findings

During our inspection of 27 March 2018, we found a breach of Regulation 18 (1) and (2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the service provider had failed to provide suitable and appropriate training and support for staff members through formal training and supervision.

We asked to look at the training matrix in place since our last inspection. The registered manager showed us the new system they had in place; this identified when a training course was due for each staff member. We saw mandatory courses had been identified which included moving and handling, infection control, food hygiene, fire safety, safeguarding, diet and nutrition, first aid, Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS), basic life support and equality and diversity. The registered manager was in the process of inputting all the staff on the system and dates for them to attend courses.

Training records also showed that 12 staff members had attended moving and handling training since our last inspection when it was highlighted as a concern. Whilst we saw some action had been taken, staff needed to attend the courses for them to enhance their knowledge and skills in order to meet the needs of people who used the service.

Other records we looked at showed a programme of supervisions and appraisals had been introduced by the deputy manager, since our last inspection. We saw that some staff members had received a supervision and areas of discussion within these included any training undertaken or planned.

Whilst the service provider had started to address the training and supervision concerns, we highlighted on our last inspection, the new system, courses and supervisions needed time to become embedded in routines.

During our inspection of 27 March 2018, we noted a sign on the kitchen that stated opening times when people could ask for food and drinks. We asked for this sign to be removed and reminded the registered manager and the cook that people should have access to food and drinks at all times.

During this inspection, we noted a new cook had been employed who had been in post 12 days. They told us, "People can have what they want, when they want it." The cook was positive about their role and ensuring they met the nutritional needs of people who used the service. Records we looked at also showed that the cook had discussed menu options with people and had made amendments to the menu to suit people's wishes.

## Is the service responsive?

### Our findings

During our inspection of 27 March 2018, we found a breach of Regulation 9 (3)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as people had not been involved in the development or review of care plans and the plans did not accurately reflect people's current healthcare needs, they were not accessible for staff and two systems were in place [electronic and paper]. During the meeting of 15 May 2018, the registered manager assured us that improvements were being made and the electronic system was no longer being used.

During this inspection, we looked at what improvements had been made. We looked at five care records, which included care plans. We saw care plans were in place, which were detailed, informative and directive for staff. The registered manager told us the deputy manager had been working on care plans and it was intended that going forward all care plans would be in the same detailed format. However, there was no evidence that care plans were person centred or that the person had been involved in the development/review of these. All care records had been moved into another office, which had a keycode lock, in order for them to be accessible for staff whilst remaining secure.

As with other improvements, these need to become embedded into normal routines so that they remain up to date and reflect people's changing needs. We need to see that these improvements can be sustained by the service provider.

At our inspection of 27 March 2018, we also found the provider was failing to provide suitable and appropriate activities for people to prevent them from becoming bored. During this inspection, we found some improvement had been made.

We observed people reading newspapers, people were chatting amongst themselves, the cook had been round chatting to people about their meals and staff had occasionally sat chatting with people. During the afternoon of our inspection, an entertainer had visited; this was a very interactive experience for people who used the service who got involved with singing and were dancing with staff. The entertainer was also reminiscing with people about dance halls and music. This appeared to be a very positive experience for people and the registered manager confirmed this entertainer came in every Friday. However, there still lacked structure around activities to stimulate people on a daily basis.

# Is the service well-led?

## Our findings

There was a registered manager in post within the service. The registered manager was also a director of the company, which operated the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service.

During our inspection of 27 March 2018, we found a breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the service provider failed to have systems and processes in place to monitor the safety and quality of the service. The registered manager lacked understanding of their pivotal role in overseeing all aspects of the service and guiding staff to ensure people received good quality care. As a result, we found staff meetings were not being conducted, necessary audits were not taking place, residents and relatives meeting were not being conducted, surveys were not analysed and policies and procedures were not accessible to staff members.

At our inspection of 25 May 2018, we looked at what action the registered manager had taken to address auditing and quality assurance. We found that an audit form had been developed for care plans; however, this had only just been put in place and no audit had been undertaken. We also found audit forms for bedrooms, hot water temperatures, fire doors and medication. We found the hot water audit was not sufficiently robust to identify what action was to be taken if hot water was above the required 43 degrees. In order for the service to improve, robust auditing systems need to be in place, utilised and reviewed on a regular basis.

Records we looked at showed that since our inspection of 27 March 2018, a staff meeting had been held. During this meeting, discussions took place around care plans, daily reports, handover book, audits and infection control, amongst other subjects. We also saw that one meeting had been held for people who used the service on 23 May 2018, which 15 people had attended. We saw topics for discussion included the welcoming of new staff and menu suggestions; we also saw that people could bring up their own topics for discussion such as activities and laundry issues. It is important that people who use the service are consulted with in order to gain feedback and areas for improvement. Whilst these meetings had been held it is important that these are maintained.

The registered manager had taken steps to make improvements since our last inspection and significant concerns we had during our inspection of 27 March 2018 had been addressed. Some less significant concerns were being actioned, although the new systems and processes require time to become embedded into normal, daily routines within the service. Once these have become embedded, we need to see they can be sustained over a period of time, in order to constantly improve the quality of the service and to keep people safe.

This is a continuing breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The service provider failed to have systems and processes in place to monitor the safety and quality of the service.

**The enforcement action we took:**

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